

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE 0312	2. PERSON REPRESENTED THOMAS TELFAIR			VOUCHER NUMBER		
3. MAG. DKT. DEF. NUMBER	4. DIST. DKT. DEF. NUMBER 8cr757-01	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Telfair	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense. 21:846 Conspiracy to Distr. Controlled substance (Heroin) & 21:841(a) Knowingly Distr. (Heroin)						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS Michael Pedicini, Esq. 60 Washington Street Morristown, NJ 07960	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal <input checked="" type="checkbox"/> P Subs For Panel Attorney			<input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> R Subs For Retained <input type="checkbox"/> Y Standby Counsel		
Telephone Number : <u>973-285-1555</u>	Prior Attorney's _____ Appointment Dates: <u>2 January 2008</u>			<u>James Kimball</u>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) same as above	15. Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)			<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)		
				<u>23 February 2009</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)						
(RATE PER HOUR = \$) TOTALS:						
16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)						
(RATE PER HOUR = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number	xxx <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, give details on additional sheets.		
I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		